Developmental Disabilities Program
Behavior Consultation Team Services
Referral Form

Step 1: Referral Process

Please complete the form and fax to the Behavior Consultation Team member in your area. You may also access services via telephone or Therap, in which case the BCT member will complete the form with you.

Step 2: Individual Information

Today's Date:

Person being referred:

Date of birth/age:

AWACS #:

Address:

Phone:

Guardianship: Self? ☐Yes ☐ No If no, please provide the following information:

Guardian name:

Address/phone:

Brief reason for the referral and pertinent information: (You will be able to provide more information when the Behavior Consultation Profession contacts you.)

What are the most urgent concerns at this time? (Check all that apply)

☐ Physical harm towards others.

- What does the behavior "look like"? (Describe behavior)
- How often does the behavior occur?
- Are people injured as a result of the behavior and, if so, how severe are the injuries?
- Under what conditions does the behavior occur?
    - What can lead up to the behavior?

☐ Physical harm towards self.

- What does this behavior "look like"? (Describe behavior)
- How often does this behavior occur?
- Does the behavior result in injury and if so, how severe is the injury?
- Under what conditions does the behavior occur?

☐ Emotional harm towards others.

- What does the person do and/or say that causes emotional harm to others?
- Who is being harmed?
- Under what conditions does the behavior occur?

☐ Harm by others.

- Who is causing harm to the individual?
- What is being done to harm the individual?
- What is being done to protect the individual?

☐ Property destruction.

- What does this behavior "look like"? (Describe behavior)
- How often does this behavior occur?
- If the behavior results in damage to property, how severe is the damage? (Describe)

☐ Elopement/leaving without notification.

- Describe the behavior.
- Does the person usually have a specific destination or does the person go in random directions?

☐ Worsening psychiatric symptoms.

- Describe the symptoms.
- Was the change sudden or gradual?

☐ Worsening/escalating behavior(s). Describe:

☐ Sexual offending behavior(s).

- What does this behavior "look like"? (Describe the behavior)
- Has a sex offender evaluation been completed?
- Is law enforcement involved?

☐ Significant impact on caregiver/support staff/family. Describe:

☐ Law enforcement involvement. Describe:

☐ Other:

Is this person currently in the hospital or other inpatient treatment facility? ☐ Yes ☐ No

Name of facility:

Date of admission:

Describe any interventions that have been attempted:

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What is the desired outcome of this consultation?

Step 3: Other Information

Referred by:
Relationship:
Address:
Phone:

Type of Residential Supports:

- ☐ Group home
- ☐ Supported living services
- ☐ Foster home
- ☐ Independent living
- ☐ Family home
- ☐ Respite
- ☐ None
- ☐ Other

Provider Information:

Agency:

Contact Person:

Phone:

Case Manager Information:

Name:

Agency:

Number:

Medical and Psychiatric Information

Level of intellectual disability: ☐ Mild ☐ Moderate ☐ Severe ☐ Profound

- **Date of last intellectual assessment:**

Other conditions: ☐ Autism spectrum disorder ☐ Cerebral palsy ☐ TBI ☐ Other (specify):

Primary Psychiatric Diagnoses:

Psychiatric Provider:

Primary Medical Diagnosis:

Medical Provider(s):

Other conditions:

- ☐ seizure disorder

☐ allergies (describe):
☐ sleep problems
☐ swallowing problems
☐ appetite changes
☐ headache
☐ change in energy level
☐ other:

Medications:

- List all medications, including over-the-counter medications and supplements including doses:
- List start/end dates and prescriber if recent changes have been made:

Treatments and assessments:

Previous psychiatric hospitalization: ☐Yes ☐ No

Name of facility:

Dates of placement:

Previous residential treatment facility placement: ☐ Yes ☐ No

Name of facility:

Dates of placement:

Functional Behavior Assessment: ☐ Yes ☐ No

Date of FBA:

Name of person completing FBA:

Behavior Support Plan in place: ☐ Yes ☐ No

Date of BSP:

Name of person completing BSP:

Documentation

To complete an assessment and determine whether BCT involvement is warranted, the following documentation MUST be sent to the BCT within 2 working days of submitting the referral form. The case will NOT be opened until documentation is received.

- A complete referral packet includes the following elements:
  - History of the behavior as well as current behavior
  - Social history including early childhood, out of home placements, abuse/neglect

- Recent evaluations (e.g., school records, psychological assessments, etc.)
- Medical history: diagnoses, medications, and other pertinent health information
- Psychiatric history: diagnoses, medications, therapies. Include medication changes/trials.
- Psychological: intellectual/adaptive assessments
- Occupational therapy/physical therapy assessments
- Other information as requested by the BCT

BCT Contact Information

Supervisor:
Connie M. Orr, M.A., NADD-DDS
Helena Office
Phone: (406) 444-3072 or (406) 431-0248
Fax: (406) 444-0230

Behavior Consultation Specialist:
Cheryl Nystrom-Ryckman
Billings Office
Phone: (406) 655-7696 or (406) 422-8267
Fax: (406) 652-1895

Behavior Intervention Specialists:

Kelli Caballero, MSW
Missoula Office
Phone: (406) 454-6083 or (406) 781-0367
Fax: (406) 329 5490

McKenzie Lyons
Great Falls Office
Phone: (406) 329-5434 or (406) 560-5644
Fax: (406) 454-6082

Team Member Notifications

Provider agency notified and agrees to referral:	☐ Yes ☐ No	Click here to enter a date.
Case manager notified and agrees to referral:	☐ Yes ☐ No	Click here to enter a date.
Family/guardian notified and agrees to referral:	☐ Yes ☐ No	Click here to enter a date.
Individual notified and agrees to referral:	☐ Yes ☐ No	Click here to enter a date.
QIS notified and agrees to referral:	☐ Yes ☐ No	Click here to enter a date.
Regional Manager notified:	☐ Yes ☐ No	Click here to enter a date.
Case Management Supervisor notified:	☐ Yes ☐ No	Click here to enter a date.
BCT Supervisor notified:	☐ Yes ☐ No	Click here to enter a date.

Other notifications: